SIPE		PART B	- FEE(S)	TRANSMITTAL		N. F.
//\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	his form, together wit	h applicable fe	ee(s), to: <u>M</u> or <u>F</u>	Commissioner P.O. Box 1450 Alexandria, Vi	UE FEE for Patents rginia 22313-1450	
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	E ADDRESS (Note: Use Block 1 for 10/18/2004	any change of address)		Fee(s) Transmittal. 7 papers. Each addition	of mailing can only be used for This certificate cannot be used for mal paper, such as an assignment ate of mailing or transmission.	or any other accompanying
Troy M Schmelze PROCOPIO CORY 530 B Street Suite 2100 San Diego, CA 921	AVITCH LLP		I hereby certify that States Postal Service addressed to the M transmitted to the U	certificate of Mailing or Transithis Fee(s) Transmittal is being with sufficient postage for firs all Stop ISSUE FEE address SPTO (703) 746-4000, on the death and the sufficient postage for first all Stop ISSUE FEE address SPTO (703) 746-4000, on the death and the sufficient postage for first postage for the sufficient postage for first postage for the sufficient postage for first postag	nission deposited with the United t class mail in an envelope above, or being facsimile ate indicated below. (Depositor's name)	
5 /				Novemb	es 10, 2004	(Signature)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/834,779	04/12/2001		Martin F		254/266	3765
TITLE OF INVENTION: S	YSTEM AND METHOD FO	R PERSONAL DE	EVELOPMEN	NT TRAINING 11/16/	2004 DEMMANU2 00000148 ()9834779
				01 FC: 02 FC:		685.00 OP 30.00 OP
APPLN. TYPE	SMALL ENTITY	ISSUE FE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	\$1,240	685:00	\$0	\$1210 685°°°	01/18/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	J	
HOLMES, MICHAEL B		2121		706-059000		
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3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of of this form is NOT	data will appe a substitute i	ear on the patent. If an assi for filing an assignment.	gnee is identified below, the do	ocument has been filed for
(A) NAME OF ASSIGN				E: (CITY and STATE OR C	OUNTRY)	
Idego Meth	odologies, Inc	2.	San	Diego,	cálifornia	
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the pa	atent): 🗖 Individual 🔀	Corporation or other private gro	up entity Government
4a. The following fee(s) are	enclosed:		Payment of	` '	· · · · · · · · · · · · · · · · · · ·	
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Advance Order - # of	mall entity discount permitte			by credit card. Form PTO-20		credit any overnayment to
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Authorized Signature	67°	\ - \	-		on No. 36,000	
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